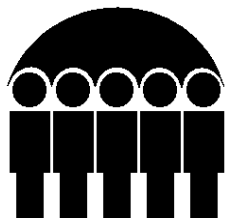


February 10, 2004

Employees' Manual
Title 16
Chapter I Appendix

FAMILY-LIFE HOME SERVICES

APPENDIX



Iowa
Department
of
Human Services

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Application for Certification, Form 470-0606

Purpose	Families that wish to be certified as a family-life home use the <i>Application for Certification</i> , form 470-0606. The information on the form is used to determine the family's eligibility for certification.
Source	Print this form from the on-line manual or photocopy the sample in the printed manual. (Access the form in the on-line manual by clicking twice on the heading on this page.)
Completion	Issue the form to the family that wishes to be certified as a family-life home. Complete the cover page with your name, address, and phone number. The family completes the rest of the form.
Distribution	The family submits one copy of the form to the local office. Make a photocopy if the family wants a copy of form.
Data	The form requests demographic data about the family, information about the family's living situation and activities, and the family's preferences for the person to be placed.

Certificate of Approval, Form 470-0616

Purpose	The <i>Certificate of Approval</i> documents the Department's certification of the home as a residence for clients in the family-life home program.
Source	Complete this form on line using the template in Outlook in the public state-approved forms folder, under "Services."
Completion	The worker completes this form when the family meets the requirements for certification. The service area manager signs the form to indicate approval.
Distribution	<p>Send the form to the service area manager for approval along with:</p> <ul style="list-style-type: none">◆ 470-0634, <i>Family-Life Home Placement Agreement</i>◆ 470-0583, <i>Individual Client Case Plan</i>◆ 470-0640, <i>State Supplementary Assistance Certification or Termination</i> <p>When the service area manager returns the form, send it to the family approved to provide family-life home services. Make a copy to keep in the client's case file.</p>
Data	<p>Enter:</p> <ul style="list-style-type: none">◆ The names of the adult family members◆ The number of people the home is allowed to care for (one or two)◆ The family's address◆ The effective date of the certificate◆ 249, for the Code Chapter

Family-Life Home Placement Agreement, Form 470-0634

Purpose	The <i>Family-Life Home Placement Agreement</i> is a contract between the client, the family, and the Department. The purpose of the contract is to ensure there is understanding and agreement between everyone concerning the rights and responsibilities of each party.
Source	Print this form from the on-line manual.
Completion	The worker prepares this form, except for the effective date, when the client and the family agree to the living arrangement. The client and the family sign the form. The worker signs and dates the form after the service area manager approves the family-life home.
Distribution	<p>Send the form to the service area manager for approval along with:</p> <ul style="list-style-type: none">◆ 470-0616, <i>Certificate of Approval</i>◆ 470-0583, <i>Individual Client Case Plan</i>◆ 470-0640, <i>State Supplementary Assistance Certification or Termination</i> <p>Give a copy of the form to the client and to the family. Keep one in the client's case file.</p>
Data	The form lists the conditions governing the placement and has room for negotiated conditions unique to the client.

Social History and Evaluation for Family-Life Home Placement, Form 470-0647

Purpose	The <i>Social History and Evaluation for Family-Life Home Placement</i> is used to obtain information concerning applicants for family-life home placement.
Source	Print this form from the on-line manual or photocopy the sample in the printed manual. (Access the form in the on-line manual by clicking twice on the heading on this page.)
Completion	Complete this form with the client. If the client is not capable of providing the information, ask the client's guardian or a family member to assist with completing the form. Use the information in the form to assist with determining the appropriateness of the client living in a family-life home.
Distribution	Maintain the form in the client's family-life home case file.
Data	The form collects information identifying the client and the client's financial and social resources, health situation, and living arrangements.

State Supplementary Assistance Certification or Termination, Form 470-0640

Purpose	The <i>State Supplementary Assistance Certification or Termination</i> , form 470-0640, is used by income maintenance to tell the worker an application for State Supplementary Assistance has been approved or that eligibility has terminated.
Source	Form 470-0640 is printed in pads of 25 three-part NCR forms. Order supplies from Iowa Prison Industries at Anamosa.
Completion	<p>The income maintenance worker completes the form and sends it to the service worker. The service worker sends it to the service area manager for approval along with:</p> <ul style="list-style-type: none">◆ 470-0634, <i>Family-Life Home Placement Agreement</i>◆ 470-0583, <i>Individual Client Case Plan</i>◆ 470-0616, <i>Certificate of Approval</i>
Distribution	<p>After getting the form back from the service area manager, send it back to the IM worker for submission to the Social Security Administration.</p> <p>When Social Security returns the form, the IM worker will send a copy to the service worker for the case file.</p>
Data	<p>IM completes Part 1, Identification. Service completes Part 2, Certification, and comments and signature in Part 4 (Page 1).</p> <p>The Social Security Administration completes Page 2, indicating the client's income, the SSI eligibility decision, and the State Supplementary payment decision.</p>



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

February 10, 2004

GENERAL LETTER NO. 16-I-AP-1

ISSUED BY: Bureau of Protective Services,
Division of Behavioral, Developmental and Protective Services for Families,
Adults and Children

SUBJECT: Employees' Manual, Title 16, Chapter I, ***FAMILY-LIFE HOME SERVICES APPENDIX***, Title page, new; Contents (page 1), new; pages 1 through 5, new; and the following new forms:

470-0606	<i>Application for Certification</i>
470-0616	<i>Certificate of Approval</i>
470-0634	<i>Family-Life Home Placement Agreement</i>
470-0647	<i>Social History and Evaluation for Family-Life Home Placement</i>
470-0640	<i>State Supplementary Assistance Certification or Termination</i>

Summary

This new appendix combines forms from Employees' Manual 12-G-Appendix, ***FAMILY-LIFE HOME CERTIFICATION APPENDIX***, and Title 17-A-Appendix, ***ALTERNATIVE LIVING FOR ADULTS APPENDIX***.

The format and the forms have been updated. The manual now is available on line. The policy remains the same.

Effective Date

Upon receipt.

Material Superseded

None.

Additional Information

Refer questions about this general letter to your service area social worker supervisor.